



05/16/08

EXPRESS MAIL NO. EV934847775US
16428

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/535,312
Filing Date	June 5, 2008
First Named Inventor	Sung Youb JUNG
Art Unit	1643
Examiner Name	Lynn Anne Bristol
Attorney Docket No.	430156.404USPC

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement and Transmittal
<input type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input checked="" type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Other Enclosure(s) (please identify below):
<hr/> <hr/> <hr/> <hr/> |
|---|--|--|

Remarks

Replacement Sheet including Figure 4 is attached

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	William T. Christiansen, Ph.D.		
Date	May 14, 2008	Reg. No.	44,614

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Date:

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

MAY 14 2008

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1050)

<i>Complete if Known</i>	
Application Number	10/535,312
Filing Date	June 5, 2006
First Named Inventor	Sung Youb JUNG
Examiner Name	Lynn Anne Bristol
Art Unit	1643
Attorney Docket No.	430156.404USPC

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other (please identify): _____

 Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments | <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

	Fee (\$)	Fee (\$)
Total Claims -20 or HP = _____ X _____ = _____	Fee (\$)	Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20.

	Fee (\$)	Fee (\$)
Indep. Claims -3 or HP = _____ X _____ = _____	Fee (\$)	Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

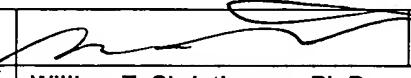
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Total Sheets -100 = _____ /50 = _____ (round up to a whole number)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

 Other (e.g., late filing surcharge): Three month extension of time
1050
SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,614
Name (Print/Type)	William T. Christiansen, Ph.D.	Date	May 14, 2008